to a collection of information unless it displays a valid OMB cor ler the Paperwork Reduction Act of 1995, no persons are requir PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Filing Date 10/567.200 02/03/2006 To be Mailed Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY | OB SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE N/A N/A NI/A N/A SEARCH FEE N/A N/A N/A N/A EXAMINATION FEE NI/A NI/A NI/A NUA (37 CFR 1 16(a), (p), or (c TOTAL CLAIMS OR minus 20 x s X \$ INDEPENDENT CLAIMS × 6 Y \$ minus 3 = If the specification and drawings exceed 100 sheets of paper, the application size fee due PAPPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFB 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 3) SMALL ENTITY OB SMALL ENTITY (Column 1) CLAIMS HIGHES! REMAINING NUMBER PRESENT ADDITIONAL ADDITIONAL 02/28/2011 RATE (\$) RATE (\$) AFTER PREVIOUSLY EXTRA FEE (\$) FEE (\$) MENDMENT AMENDMEN" PAID FOR Total (37 CFF · 13 Minus -- 20 = 0 Y C OR X S52= · 3 Minus ····6 _ 0 x s OB X \$220= n = Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OB n ADD'L OB ADD'L FEE FFF (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT ADDITIONAL ADDITIONAL DEMAINING NUMBER RATE (\$) RATE (\$) AFTER PREVIOUSLY FXTRA FEE (\$) FEE (\$) AMENDMENT PAID FOR NDMEN Total (37 CFR Minus x s OB x s OR Minus X S = X S Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) ADD'L OR ADD'L FEE FFF

Legal Instrument Examiner:

/ANTJUAN RIVERA/

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is equited by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is life faced by the USPTO to process) an application. Confidentiality is governed by 80 LSC 1.22 and 37 CFR 1.14. This collection is estimated to be invalid to the invalid confidence properties, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the CHINF information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients P.O. Box 1470, P.O